

## PEACE OFFICER VISION VERIFICATION

OPOS 201

Candidate's Name:

PRINT

Last

First

MI

Application No. \_\_\_\_\_

CLASSIFICATION:

CO ☐

CC I ☐

PA I ☐

OTHER: \_\_\_\_\_

### TO OPTOMETRIST/OPHTHALMOLOGIST:

Your patient has applied for a Peace Officer position with CDCR and we need verification that their vision meets our vision requirements. We also require disclosure of the means of correction. Please evaluate your patient's visual acuity and indicate both corrected and uncorrected levels of acuity in the designated area below. The information provided will normally be used by non-medical staff; therefore, **in addition to listing the acuity measurements, all questions must be answered.**

1. Has the patient had refractive eye surgery? (e.g., LASIK, LASEK, PRK, SMILE) Yes ☐ No ☐

If "Yes", indicate date of last surgery: \_\_\_\_\_

2. Is the patient's visual acuity 20/20 or better in each eye **uncorrected**? Yes ☐ No ☐

3. If not 20/20 or better in each eye uncorrected, is the patient's visual acuity corrected to 20/20 in each eye? Yes ☐ No ☐

4. What method(s) of correction does your patient currently use?

Glasses ☐

Soft Contact Lenses ☐

Rigid Gas Permeable Contact Lenses ☐

Hybrid Contact Lenses ☐

Scleral Rigid Gas Permeable Contact Lenses ☐

If contact lenses are used, has your patient been a successful contact lenses wearer for the last six months? Yes ☐ No ☐

5. If "No", indicate the date the patient began using contact lenses: \_\_\_\_\_

6. Document the patient's uncorrected and corrected visual acuity.

**Uncorrected Visual Acuity**

Right eye: \_\_\_\_\_

Left eye: \_\_\_\_\_

**Corrected Visual Acuity**

Right eye: \_\_\_\_\_

Left eye: \_\_\_\_\_

7. In the section below, please complete the prescription information for the correction in Item 3.

Glasses						Contact Lenses			
Rx		Sphere	Cylinder	Axis	Prism	Rx	Power	Base Curve	Diameter
D I S T	OD					OD			
	OS					OS			
A D D	OD	+	Bifocal Type						
	OS	+	Trifocal Type						

Doctor's Original Signature		Date
Doctor's Printed Name		Telephone Number
Doctor's Address		City, State, ZIP